

TRANSCRIPT ORDER

FOR COURT USE ONLY  
DUE DATE:

1. NAME Amanda C. Sheridan		2. PHONE NUMBER 602-382-6304		3. DATE 04/04/16	
4. FIRM NAME Snell & Wilmer L.L.P.					
5. MAILING ADDRESS 400 E. Van Buren Street			6. CITY Phoenix		7. STATE AZ
			8. ZIP CODE 85004		
9. CASE NUMBER 2:15-MD-02641-DGC		10. JUDGE Campbell		DATES OF PROCEEDINGS	
				11. 03/31/2016	12.
13. CASE NAME In Re Bard IVC Filters Products Liability Litigation		LOCATION OF PROCEEDINGS			
		14. Phoenix		15. STATE Arizona	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	03/31/2016 - entire hearing
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)	
7 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (19. & 20.)  
By signing below, I certify that I will pay all charges  
(deposit plus additional).

E-MAIL ADDRESS  
asheridan@swlaw.com

**NOTE: IF ORDERING MORE THAN ONE FORMAT,  
THERE WILL BE AN ADDITIONAL CHARGE.**

19. SIGNATURE s/Amanda C. Sheridan				
20. DATE 04/04/2016				
TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	
DEPOSIT PAID			PHONE NUMBER	
TRANSCRIPT ORDERED			DEPOSIT PAID	
TRANSCRIPT RECEIVED			TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT			TOTAL REFUNDED	
			TOTAL DUE	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY